

PERMANENT RECORD
WHILE PLAINLY WITH UNFADING INK
N. B.—In case of more than one child at a birth, a SEPARATE RETURN
to be made for each, and the number of each,
in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>179</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>830</u>
Town of <u>miami</u>			Local Registrar No. _____
or _____	No. <u>miami Inspiration Hospital</u> St. _____ Ward _____		
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>James Howard Watkins</u> If child is not yet named, make supplemental report, as directed.			
3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>yes</u>
6. Date of birth <u>Dec 29, 1924</u>		Month day year	
8. FATHER		14. MOTHER	
Full name <u>Guy William Watkins</u>		Full maiden name <u>Lizzie Fern Loyd</u>	
9. Residence (Usual place of abode) <u>miami, Arizona</u>		15. Residence (Usual place of abode) <u>miami, Arizona</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>34</u> (Years)		17. Age at last birthday <u>21</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Oklahoma</u>		18. Birthplace (city or place) (State or country) <u>Missouri</u>	
13. Occupation <u>Blacksmith</u> Nature of industry <u>Copper mining</u>		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9:50 a.m.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>J. J. Trimmer</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year. _____		Address <u>miami, Arizona</u>	
Registrar. _____		Filed <u>Dec 31, 1924</u>	
		Filed <u>11-5-24</u>	
		Local Registrar. <u>B. J. G. J. a</u>	
		County Registrar. _____	

162-1029-334